100 LITERAL DIGITAL	ISTRICT COURT ICT OF NEW YORK	A ESB SE DEFINE
Andre Thor	- C	6HCV M 108 35
In the space above enter t	the full name(s) of the plaintiff(s).)	COMPLAINT under the Civil Rights Act, 42 U.S.C. § 1983
New York Cit	y Police Department	(Prisoner Complaint)
		Jury Trial: □ Yes □ No (check one)
		- A
		W
	N.	_
(In the space above enter)	the full name(s) of the defendant(s). If you	_
I. Parties in this A. List your name	complaint:	me and address of your current place of
	Do the same for any additional plaintiff	is named. Attach additional sheets of pape
confinement. I	Do the same for any additional plaintiff	s named. Attach additional sheets of pape
as necessary. Plaintiff Name	Andre Thompson	is named. Attach additional sheets of pape
as necessary. Plaintiff Name ID#_	Andre Thompson 349-151-0351 and Institution AMICC (C	s named. Attach additional sheets of pape
as necessary. Plaintiff Name ID#_	Andre Thompson 349-151-0351 Interestitution AMICC (C	Fis named. Attach additional sheets of paper
Plaintiff Name ID # _ Curren Addres B. List all defenda may be served.	Andre Thompson 349-151-0351 Int Institution AMICC (C ss 18-18 Hazen S+ Bronx New York ants' names, positions, places of employ Make sure that the defendant(s) listed	rment, and the address where each defendant
as necessary. Plaintiff Name ID # _ Curren Addres B. List all defenda may be served. above caption.	Andre Mompson 349-151-0351 Int Institution AMICC CC Brown New York ants' names, positions, places of employ Make sure that the defendant(s) listed Attach additional sheets of paper as n	ment, and the address where each defendance below are identical to those contained in the necessary.
Plaintiff Name ID # _ Curren Addres B. List all defenda may be served.	Andre Mompson 349-151-0351 Int Institution AMICC (C Brown, New York ants' names, positions, places of employ Make sure that the defendant(s) listed Attach additional sheets of paper as m Name New York City Po Where Currently Employed	ment, and the address where each defendant below are identical to those contained in the necessary.
as necessary. Plaintiff Name ID # _ Curren Addres B. List all defenda may be served. above caption.	Andre Mompson 349-151-0351 Int Institution AMICC (C Brown, New York ants' names, positions, places of employ Make sure that the defendant(s) listed Attach additional sheets of paper as m Name New York City Po Where Currently Employed	ment, and the address where each defendance below are identical to those contained in the necessary.

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Defend	ant No. 2	Name	Shield #
		Where Currently Employed	
		Address	
Defend	ant No. 3	Name	Shield #
		Where Currently Employed	
	15	Address	
Defend	ant No. 4	Name	Shield #
		Where Currently Employed	
		Address	
			<u>\</u>
D-6 4	N- 6		OF:-14 #
Detend	ant No. 5	Name	
		Where Currently Employed	
		Address	
		3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
You ma	of this comple by wish to inc your claims.	ssible the <u>facts</u> of your case. Describe how int is involved in this action, along with the daude further details such as the names of other Do not cite any cases or statutes. If you intendent claim in a separate paragraph. Attach a	tes and locations of all relevant events. persons involved in the events giving d to allege a number of related claims,
A.		institution did the events giving a clean sit 3 train termin	rise to your claim(s) occur?
	Adam (Lawton Powell blud	
В.		the institution did the events giving	rise to your claim(s) occur?
	THE CONTRIBUTIONS AND		
C.	What date	and approximate time did the events gi	
		i.	

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		D. Fa	cts: I	sas arres	ted for	- fair e	lasion, H	reofficer
	_	soud =	I didn't p	ay my fair	and to	ook me off	the sou	ith bound
What happened to you?	٠	#3 tro	in I wa	s arrest	Led an	d my ca	se was	subsequent
,		aism	issed du	le to the	- offic	er not (coming t	to court who
		1 cho	use to fi	ight this	false	charge		
	\neg			~				
Who di what?	d	-						
			-21	2 *				
	\neg					7		
Was								
else involved	?							<u>;</u>
		S-1-11-1-1-1-1						
Who else		~						
happener						·		i
	III.	Internation						
		Injurie:						
	If yo	u sustained	injuries related ed and received.	to the events al	leged above,	describe them	and state wha	t medical treatment,
	any,	you require	and received.					
59							***************************************	2
	IV.	Exhaus	tion of Adminis	strative Remed	lies:			
×.								
	The	Prison Litig	ation Reform A	ct ("PLRA"), 4	2 U.S.C. § 1	1997e(a), requi	res that "[n]o a	action shall be brough
	confi	ined in any.	ail, prison, or o	ther corrections	al facility un	til such adminis	trative remedi	ies as are available a
	exha	usted." Ad	ministrative ren	nedies are also	known as gr	ievance proced	ures.	
*(Α.	Did you	claim(s) arise	while you were	confined in	a jail, prison,	or other corre	ectional facility?
8		Yes	No F					
								3
								ži
						765°		

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	Does th	e jail, prison or	other correctional fa	acility where your clai	m(s) arose have a	a grievance proce	dure?
	Yes	No	Do Not Know _		sale.		
		e grievance pro ome or all of y		rison or other correct	ional facility who	ere your claim(s)	агоѕо
	Yes	No	Do Not Know	_			
	If YES	, which claim(s	:)?				
	Did you	u file a grievan	ce in the jail, prisor	n, or other correction	al facility where	your claim(s) ar	ose?
	Yes	No		6		:#	
		did you file a g orrectional faci		events described in thi	is complaint at a	ny other jail, pris	on, o
	Yes	No		8		5 ₇ ,	
	grievan	ice?		events described in t	•	•	ile th
	1.			did you grieve?			_
	2.						
				e to appeal that decis	sion? Describe	all efforts to ap	peal
	3. the high		e grievance process				÷
							÷
							• •
	the high		e grievance process				• • •
	the high	lid not file a gr	e grievance process		ice, state them h		· : -
	If you o	lid not file a gr	e grievance process		ice, state them h		· · ·
	If you o	lid not file a gr	e grievance process		ice, state them h		- - - -
	If you o	lid not file a gr	ievance: y reasons why you				
	If you o	lid not file a gr	ievance: y reasons why you	did not file a grievan		еге:	-
F	If you o	lid not file a gr If there are an	ievance: y reasons why you	did not file a grievan		еге:	-

	:=	vhen and how,	, and their res	sponse, if any:				
	-							
G.	Please se remedies.	forth any ad	ditional infor	mation that is	relevant to the	e exhausti	on of your	administrativ
Note:	You may administra	attach as exl tive remedies.		complaint an				stion of you
7.	Relief:						*	
tate w	hat you wa	it the Court to	do for you (i	including the a		1/6		
fal	se av	est and	d false	I am	see kind nment	200	0.000	tor
		-		*				***
							4	
	1:							
		2 ·			*			
							(4	
í. <u>F</u>	Previous la	wsuits:					-	
	Have you (action?	iled other lav	vsuits in state	or federal co	urt dealing w	ith the sar	ne facts inv	olved in this
,	Yes 1	1- 1/						

On these claims

	В.	If you is no form	our answer to A is YES, describe each lawsuit by answering questions I through 7 below. (If there note than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same
		1.	Parties to the previous lawsuit:
		Plai	ntiff
		Defe	endants
		2.	Court (if federal court, name the district; if state court, name the county)
		3.	Docket or Index number
		4.	Name of Judge assigned to your case
		5.	Approximate date of filing lawsuit
		6.	Is the case still pending? Yes No
			If NO, give the approximate date of disposition
		7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
other claims	D,	If y	ve you filed other lawsuits in state or federal court otherwise relating to your imprisonment? S No Your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If re is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the
		1.	100 A
		15.00	Parties to the previous lawsuit:
	V	Plainti	ff
51		Defend	dants
		2.	Court (if federal court, name the district; if state court, name the county)
		3.	Docket or Index number
		4.	Name of Judge assigned to your case
		. 5.	Approximate date of filing lawsuit
		6.	Is the case still pending? Yes No
			If NO, give the approximate date of disposition
		7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

r decime ander penalty of po	erlary mar me toresorns	is true and correct.
Signed this 11 day of Feb	rvary, 2016	
i)	Signature of Plaintiff	Chrobe Chompson
	Inmate Number	349-151-0351
	Institution Address	18-18 Hazen St
	1897	Bronx, NY 11370
Note: All plaintiffs named in inmate, numbers and a		aint must date and sign the complaint and provide their
	es to be mailed to the Pro	ay of February, 2016, I am delivering this o Se Office of the United States District Court for the
ž	Signature of Plaintiff:	Andre Chompson
		No. 1

PRO SE OFFICE UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK
DANIEL PATRICK MOYNIHAN UNITED STATES COURTHOUSE
500 PEARL STREET, ROOM 200
NEW YORK, NEW YORK 10007

RUBY J. KRAJICK CLERK OF COURT

Date: 0CT 23 2015

Dear Litigant:

I am writing in response to your letter to the Pro Se Office date 2 0 2015

The Court cannot act upon a letter. The Court can only act upon a complaint or a petition pending before it. A review of the Court's records indicates that there is no action presently pending in which you are a plaintiff. Should you wish to start an action in this Court, I am enclosing the following forms for your convenience:

42 USC § 1983 Forms
28 USC § 2241 Forms
28 USC § 2254 Forms
28 USC § 2255 Forms
General Complaint Package
Social Security Complaint Forms
Employment Discrimination Forms

Any papers you wish to submit to this Court must be sent or delivered to this Office at the address listed above. This Office cannot offer any legal advice or assessment of the merits of your case.

I hope this information is of assistance to you. Should you have any further questions, you may contact this Office by letter or by telephone during our normal business hours, 8:30 a.m. - 5:00 p.m., Monday - Friday (except federal holidays). Please note that we cannot accept collect calls.

Sincerely,

PROSE INTAKE UNIT

Pro Se Clerk (212)805-0175

enclosure(s)
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Andre Mompson 349-151-0351 18-18 Hazen St Bronx, NY 11370

Pro Se Intake Unit Office United States District of New York Southern District of New York 500 Pearl St New York, N. Y. 10007

